

## **TRIP REPORT #P-301**

**Traveler:** Dr. Pramila David, Director, Centre for Population Concerns, Hyderabad

**Country Visited:** India

**Dates of Trip:** February 19 - March 23, 1996

**Purpose of Trip:** To prepare options for modifying IMA's ongoing non-clinical family planning training project, including a plan for gathering further information, if necessary.

### **EXECUTIVE SUMMARY**

This assignment was at the request of INTRAH, and concerns its technical assistance to the Indian Medical Association (IMA).

#### **Approach**

1. Review training materials developed by IMA for Uttar Pradesh (UP) home study course and training workshops to assess their currency, accuracy, equivalency and relevance.
2. Review IMA proposal, the Society for Innovations in Family Planning Services Agency's (SIFPSA's) guidelines, and evaluations of the IMA training project by the End-Line Survey and CORT Rapid Appraisal.
3. Appraise the information available at IMA headquarters and discuss with Dr. Sobti, IMA Honorary General Secretary, other training staff and INTRAH RO/ANE.

#### **Schedule of Activities**

**February 19 to 22** - The consultant visited Delhi and met Ms. Wilda Campbell, INTRAH/PRIME Regional Director for Asia and the Near East, Dr. Sobti, and Ms. Nirmala Selvan of IMA, collected the relevant documents and held initial discussions.

**March 5 to 11** - The documents were reviewed and a draft report was prepared.

**March 12 to 23** - The findings and recommendations were discussed with Ms. Campbell and Dr. Sobti, and additional information was sought. The consultant met with Mr. Samaresh Sen Gupta, USAID Training Advisor, at a meeting arranged at IMA. Discussions were also held with two trainers from districts of UP.

## **FINDINGS**

### **Training Materials Review**

This review was done under a separate cover. It consists of this reviewer's comparison of the homestudy materials and the workshop materials as well as a set of comments from a second consultant who was involved in the preparation of the workshop and homestudy modules. The comments in this review are strictly technical and will be utilized in the revision of the homestudy modules.

### **IMA Project Proposal and Evaluation Plan**

The objectives of the IMA non-clinical project were not stated in the proposal submitted to SIFPSA. Goals were stated in general terms. The SIFPSA objective of the training part of the program, however, was stated with clarity which had to do with the training of physicians only.

The evaluation plan of IMA, on page 12 of the IMA training project proposal (perhaps influenced by SIFPSA's guidelines) had made commitments much beyond the stated intentions and activities mentioned in the project proposal.

IMA's evaluation plan states that "Six months after the training of 3000 practitioners in Uttar Pradesh will have been completed, the IMA will conduct a follow-up survey to assess the impact of this training on the quality and volume of FP services provided by trained IMA physicians."

Using the SIFPSA plan and the IMA proposal as a guide, the IMA End-Line Survey and the Centre for Operations Research and Training (CORT) Rapid Appraisal were undertaken to assess the training.

### **IMA End-Line Survey Description**

**Methodology:** A two-stage approach consisting of a base-line and an end-line survey was adopted to evaluate the impact of training. The Base-Line Survey was conducted during May to July 1994 by interviewing 868 doctors. A total of 157 trained doctors and 132 untrained doctors participated in the survey. The End-line Survey was completed in September 1995. IMA reported that 1297 IMA doctors had been trained through the workshop training project by March 1995.

**Objectives:** The surveys examined the following aspects:

- the trained doctors' profile
- the impact of training
- reasons for untrained doctors not participating in training

- changes in the attitude and knowledge of the doctors after training
- whether a larger proportion of doctors was providing family planning services to a greater number of clients after training

### **CORT Rapid Appraisal Description**

CORT did a quick appraisal which was completed by May 1995, by which time 900 IMA physicians were said to have been trained in U.P. under the non-clinical family planning program (see CORT, page III).

**Objectives:** The objectives of the Rapid Appraisal were to:

- study the profile of the trained doctors
- document the perception of the IMA Training Program by trained doctors, and make suggestions for improvement
- assess changes, if any, in the increase in contraceptive knowledge of the trained physicians
- assess changes, if any, in the promotion and provision of family planning services
- assess changes in the quality of spacing services, by the trained physicians, as compared to the untrained control group
- find out some of the "training needs."

**Methodology:** CORT Rapid Appraisal was based on an experimental and control design. The quantitative data were collected by interviewing 257 trained doctors and 150 untrained doctors.

The qualitative approach used the mystery client approach, in which seven pseudo-clients were trained to interview 45 trained doctors and 15 untrained doctors.

In addition, CORT used 10 case studies to elicit in-depth information on the actual and perceived benefits (technical, social and financial) of attending the training program. Also, the doctors were probed for their contraceptive biases, reasons for not undergoing training, and whether they would be interested in attending IMA family planning training in the future.

## **Review Findings**

### **I. Characteristics of the Trainees**

Trainees' profile (CORT Appraisal, chapter II, table 2.1)

Profile of the trained physicians (see pages 6-7, table 2.1, CORT). The characteristics noticed in both surveys, CORT and IMA, were similar. About 80% of the doctors were in the age group 30-49 years. Thirty-seven percent of the trained doctors were females. About 30%, perhaps most of the females, were Ob/Gyns. Ten percent were pediatricians, while 26% were from specialties which had no connection to mother and child care.

About 60% did private practice, while 40% of the doctors were in government and other services, and, of these, 66% did not do private practice.

CORT made two comments: (a) on page II that, "how far the selection of such doctors for training was correct is a debatable issue," and (b) on page V that "Selection of doctors for training and program planning needs further attention."

According to the reviews and discussions with IMA, it is noted that IMA did not plan to select the trainees with the primary intention of involving them in the project to provide high volume and quality services in family planning. If IMA had so planned, it may have helped in increasing the impact of the project.

On the other hand, IMA had planned to involve all its member physicians, irrespective of their specialties and the kinds of jobs they were doing. IMA's major concerns seemed to be that all the doctors should be oriented to have a positive attitude for the oral and injectable contraceptives, to reduce anti-propaganda from some of the doctors, and to help reinforce the project's goal of promoting the use of condoms and oral and injectable contraceptives.

CORT Appraisal, chapter II, page 7, noted that 26% of the physicians who attended the training were from specialties totally unrelated to mother and child care services.

As a result of the training interventions by IMA, 1297 IMA physicians had been trained in the three-day workshop. The "training process" was rated as having been effective and useful by a majority of the trained physicians.

It also was noted that there was a change in attitudes among the trained doctors in favor of the oral and injectable contraceptives. Additionally, the untrained doctors' level of knowledge for spacing methods increased considerably between Base-Line and End-Line, perhaps due to the project training inputs through trained doctors. The CORT Survey revealed that 72% of the untrained doctors interviewed showed interest in attending future training programs conducted by IMA.

## II. Assessment of Projects' Impact through IMA and CORT Surveys

**Increase in knowledge:** IMA states that the average number of questions answered correctly during the End-Line Survey was 4.3 as against 2.2 for untrained doctors, whereas the CORT Survey reports the average scores for trained doctors as 29.6 compared to 26.9 for the untrained doctors (control group). Further, CORT states on page 26 that *"the average score did not differ significantly between the trained and untrained doctors except, in the case of DMPA"* (injectable progesterone). On page 3, CORT also states that *"in case of knowledge of pills also, the trained doctors have a slight edge on the untrained doctors."*

**Increase in volume and quality of services:** Increase both in counseling for family planning and in providing actual family planning services was only slightly higher for the trained than the untrained doctors at End-Line. It also was noted that records of family planning services were not kept by the doctors, and the information noted in both surveys was on recall. **"Quality"** aspects were not assessed by IMA. The CORT study revealed that the difference between the trained and the untrained doctors at End-Line was not significant for counseling or follow-up. Other aspects of quality related to screening of clients were not examined by CORT.

## III. Future Training Potential

- Both IMA End-Line Survey and CORT Appraisal noted that a majority of trained doctors said that they would be interested in participating if a similar training program were conducted in the future (see CORT, ch. IV, p. 22, and IMA Survey, table 6.5).
- CORT, page 23, mentioned that, of the untrained doctors interviewed, 72% said that they would be interested in participating if a similar training program would be organized in the future.
- IMA End-Line Survey (see table 6.5) noted that a majority, *i.e.* 58%, of the untrained doctors said that they would be interested in Workshop Training Course while only 32% opted for Homestudy Course.
- During the CORT Survey (see page 44) some doctors mentioned that they would prefer short training courses at regular intervals if they were to provide family planning services.

Therefore, it may be concluded that:

- A majority of IMA physicians are interested in undergoing training in the technical and counseling aspects of family planning methods, provided the training is of a shorter duration, at frequent intervals, and over a long period of time;

- Most of the Ob/Gyns, and some of the general practitioners, would be able to provide contraceptive services of a higher volume and quality to the clients, provided they are supported with follow-up training and guidance, suitable resource materials, and supplies of contraceptives at subsidized rates.

## **RECOMMENDATIONS AND CONCLUSIONS**

Based on the review of the training materials, the two assessments, and interviews with IMA staff, the following is a brief summary of major recommendations from this consultancy. These have been discussed with both INTRAH and IMA.

1. **Training Needs Assessment:** The training activities will remain unsatisfactory unless a concerted effort is made to assess the trainees' needs. In the first place, IMA should assess its experience with a greater rigor than it has hitherto. For example, its representatives often have expressed difficulty in getting participants for its three-day workshops. How, if at all, can this be dealt with?

More important, perhaps, is really knowing what training objectives would best meet the needs of potential trainees. A less cumbersome way of getting this information is a rapid assessment using focus group discussions with two or three groups of carefully selected trainers, and former and potential trainees.

A mutually convenient date and place would have to be fixed and an agenda prepared. But more important than all else would be selecting skilled focus group leaders who have the capability of orchestrating such groups to obtain as much guidance as possible from the group members.

At the focus group discussions, it would be important for IMA to be ready first to hear the groups' suggestions based on their experience with IMA's recent non-clinical training experience or, in the case of potential trainees, what they hope to gain from the training. Questions should be carefully designed to allow open-ended discussions about the actual need for non-clinical training, how it is or could be useful to the participants (both in terms of improving their services and preparing them for additional training), the type of training setting and approaches preferred, training resources and take-home materials required, and ways to motivate both trainers and trainees for the highest achievement of the project.

2. **Setting Objectives and the Evaluation Plan:** The project objectives need to be set with greater clarity and should be measurable. Included in this should be the numbers to be trained. The evaluation methodology should be developed around the statement of objectives.
3. **Multiple Training Strategies:** When there are many unknowns and the trainee population is heterogeneous, the strategy should not be fixed. The trainee universe can possibly be segmented according to the intensity of interest, the time that can be

set apart for training, absorptive capacity of the trainees, *etc.* If that strategy can have several alternatives, it will allow the trainees a choice that can best fit their circumstances.

4. **Trainee Potential and Segmentation:** The trainees could be categorized basically into three groups: a) those who could be involved in promotional activities only; b) those who could be involved in counseling clients and referring them to specified doctors for services; and c) those willing and able to provide a full range of family planning spacing services with quality care and follow-up.
5. **Preparation of a Brochure and Letter of Introduction:** A brochure should be prepared to communicate the purpose of the training project, its values, its scope and proposed activities. The brochure may be sent to all the trainees with a letter of introduction asking for enrollment interest.
6. **Training Materials:** It is suggested that the training material be specified to meet the varying needs of the trainees. It may include handouts, brochures, and charts or a checklist to be displayed in doctors' offices.

Four sets of Training Modules are suggested, containing information on:

1. All methods of contraception, information on fertility, sterility, STDs and HIV/AIDS;
2. Counseling concepts and techniques;
3. Clinical procedures in family planning;
4. Management of side-effects and problems related to contraception.

The current IMA Family Planning Homestudy modules would benefit from update and revision based on the comments/suggestions found in the Training Materials Review completed by this consultant and INTRAH/PRIME Consultant Ms. Maureen Brown.